

**OKLAHOMA CORPORATION COMMISSION**  
 Oil & Gas Conservation Division  
 Post Office Box 52000  
 Oklahoma City, Oklahoma 73152-2000

Form 1139  
 Rev. 2009

**Application For Enhanced Recovery Project**  
**Gross Production Tax Exemption**  
 OAC 165:10-21-75

Applicant			OCC No.
Address			Phone No.
City	State	Zip	FAX No.
Enhanced Recovery Project			
OTC Unit No.			
Location			
County			

Project was created by OCC Order No. \_\_\_\_\_ dated \_\_\_\_\_ **(Must be after 10-16-87)**

Type of Enhanced Recovery Project     Secondary Recovery                       Tertiary Recovery

Project beginning date (Injection Date)	Primary Injectant
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Base Production Amount \_\_\_\_\_

Decline Rate \_\_\_\_\_

I hereby certify that the contents of the application and exhibits are true and correct to the best of my information, knowledge, and belief.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name & Title (**Typed or Printed**)

E-mail Address: \_\_\_\_\_

**EXHIBITS:**

- A. A plat of the enhanced recovery project.
- B. A production history representing the cumulative production of the wells in the enhanced recovery project for the previous five years.
- C. Calculation of the base production amount, accompanied by a decline curve based on the above-described production history.
- D. Itemized list of capital costs, operating expenses, and administrative expenses prepared according to accepted principles of financial accounting.

**OCC USE ONLY**

Reviewed by _____	Date _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
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